TEST AVAILABLE COPY

TO THATE

PART B - FEE(S) TRANSMITTAL

nd send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571) 273-2885

INSTRUCTIONS: This form shoul | be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further corresponde ace including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRE'S (Note; Use Block I for any change of address)

U.S. ARMY TACOM-ARDEC ATTN: AMSTRA-AR-GCL

BLDG 3

PICATINNY ARSENAL, NJ 07806-5000 05/01/2006 HDEMESS2 00000055 192201 10709964

01 FC:1501

1400.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(a) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FRE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

KATHRYN VANDER SANDE (Signature (Date)

APPLICATION NO.	P	LING DATE	FIRST NAMED INVENTOR		ATTORNBY	DOCKBI NO.	CONFIRMATION NO.	
10/709,964)/200:I	Wayne R. St			2003-00		3963
TITLE OF INVENTION:	BARRI	L REPLACEM	ENT OR INSER	r device	S FOR FIREARM FUI	NCTION CONV	ERSION	
APPLN, TYPE	SN	ALLENTITY ISSUE F		EB PUBLICATION FEE		TOTAL F	EE(S) DUB	DATE DUE
nonprovisional	NO	\$1400			\$0			7/24/2006
EXAMINER		ART UNI		IT	CLASS-SUBCLASS			
KLEIN, GABRIEL J.		,	3641		042-077000			
Change of correspondence addres CFR 1.363), Change of correspondence ad Address form PTO/SB/122) attac		or indication of "	Fee Address" (37		nting on the patent front pa		1MICHAEL C. SACHS	
		lress (or Change o	f Correspondence	(1) the names of up to 3 registered pate or agents OR, alternatively,			JOHN F. MORAN	
		Fee Address" Indication form		(2) the na	(2) the name of a single firm (having as registered attorney or agent) and the nan 2 registered patent attorneys or agents. It listed, no name will be printed.		•	
PTO/SB/47; Rev 03-02 Number is required.	or more	ecent) attached. U	se of a Customer	listed, no	name will be printed.	its. If no realite is	3	
3. ASSIGNEE NAME AN	D RESID	INCE DATA TO	BE PRINTED ON	HE PATEN	T (print or type)			
PLEASE NOTE: Unle	ss an assi in 37 CFI	mee is identified 3.11. Completion	below, no assignee n of this form is NO	data will app Ta substitute	pear on the patent. If an a for filing an assignment.	assignee is identifi	ed below, the	document has been filed for
(A) NAME OF ASSIG		-			CE: (CFTY and STATE OF			
U.S. Government a	s Repre	sented by the S	Secretary of					
the Army	•	-						
Please check the appropria	ate assign	e category or categ	gories (will not be p	rinted on the	patent): 🔲 Individual	Corporation or	other private g	roup entity 🛭 Governmen
4a. The following fee(s) are enclose		l:	41	. Payment of Fee(s):				
🖾 Issue Fee				A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small en		ity discount permitted)		Payment by credit card. Form PTO-2038 is attached.				
☐ Advance Order - # of Copies				The Director is bereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2201 (enclose an extra copy of this form).				
5. Change in Entity State	as (from s	atus in:licated abo	ve)					
a. Applicant claims					cant is no longer claiming			
The Director of the USPT NOTE: The Issue Fee and interest as shown by the re	O is reque Publicati cords of	ned to apply the Is in Fee (if required the United States P	sue Fee and Publics) will not be accepte atent and Trademan	tion Fee (if a d from anyon Office.	ny) or to re-apply any prev so other than the applicant;	riously paid issue fi a registered attorne	e to the applic ey or agent; or	ation identified above. the assignee or other party
Authorized Signature	/	Theha	all Sec	hs	_ Date_	4/28/	106	
Typed or printed name						ration No. 29,262		
This collection of informs an application. Confident submitting the completed this form and/or suggests Box 1450, Alexandria, Virginia 223 Under the Paperwork Red	J-1730.							nd by the USPTO to proces ing gathering, preparing, ar time you require to comple partment of Commerce, P.C. r for Patents, P.O. Box 145

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE